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CONFIRMATION NO. 1521

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|---|---|------------------------------------|--|---|
| SERIAL NUMBER 10780,804 | FILING OR 371(c) DATE 02/18/2004 RULE | CLASS 455 | GROUP ART UNIT 2686 | ATTORNEY DOCKET NO. 160-029 |
| APPLICANTS Floyd Backes, Sharon, NH; Laura Bridge, Sharon, NH; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/449,602 02/24/2003 and claims benefit of 60/466,448 04/29/2003 and claims benefit of 60/472,320 05/21/2003 and claims benefit of 60/472,239 05/21/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/10/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY NH | SHEETS DRAWING 62 | TOTAL CLAIMS 5 |
| Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 34845 | | | | |
| TITLE Apparatus for selecting an optimum access point in a wireless network | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |